

APPLICATION FOR CONDITIONAL USE PERMIT
Telecommunication Equipment - Article 28-5-23(e)
CITY PLANNING BOARD
Concord, NH

General Information

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Owner's Name: _____

Mailing Address/ Street Number: _____

City & State: _____ *Telephone:* () _____

Agent's Name (if applicable): _____

Mailing Address/ Street Number: _____

City & State: _____ *Tel.* () _____ *Fax:* () _____

For the property being developed, complete the following:

Street Address: _____

Abutting Streets: _____

Gross Floor Area: *Existing* _____ *Proposed* _____

Assessor's Map/Block/Lot(s): ____/____/____ ____/____/____ ____/____/____

Project Area: _____ *acres* (or) _____ *square feet*

Briefly describe the proposed telecommunication equipment and location of the equipment on the property for which a Conditional Use Permit is being requested (Please attach supporting justification for the requested Conditional Use Permit):

Professional Support

Indicate the name, profession and telephone number of each individual in the preparation of components of the application.

	Phone #
<i>Name:</i> _____ <i>Profession:</i> _____	() _____
<i>Name:</i> _____ <i>Profession:</i> _____	() _____
<i>Name:</i> _____ <i>Profession:</i> _____	() _____
<i>Name:</i> _____ <i>Profession:</i> _____	() _____

Zoning Information

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Existing Zoning Districts: _____

Overlay Districts: (check as appropriate)

Historic (HI) ☐

Shoreland Protection (SP) ☐

Flood Hazard (FH) ☐

Penacook Lake Watershed Protection (WS) ☐

Special Approvals Required:

	YES	NO	
US Army Corps of Engineers Dredge & Fill Permit	<input type="checkbox"/>	<input type="checkbox"/>	Date Applied: _____
NH Wetland Board (wetland alteration)	<input type="checkbox"/>	<input type="checkbox"/>	Date Applied: _____
NH Dept. of Environmental Services			
Alteration of Terrain Permit	<input type="checkbox"/>	<input type="checkbox"/>	Date Applied: _____
Water Quality & Sewer Discharge Permit	<input type="checkbox"/>	<input type="checkbox"/>	Date Applied: _____
Subdivision App. on-site Septic Systems	<input type="checkbox"/>	<input type="checkbox"/>	Date Applied: _____
NH Dept. of Transportation Driveway Permit	<input type="checkbox"/>	<input type="checkbox"/>	Date Applied: _____

Application Fee:

Please contact the Planning Department to obtain the latest application fee schedule.
An application fee is submitted herewith in the amount of \$ 650 per facility.

Endorsement:

I hereby request that the City of Concord Planning Board review this application for a Conditional Use Permit, including all plans, documents and information herewith. I represent to the best of my knowledge and belief, this application is being submitted in accordance with the site plan Review Regulations of the City Planning Board of the City of Concord, NH.

Signature of Property Owner

Date

Signature of Agent (if any)

Date